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# **ATTACHMENT A**

#### 1:14-cv-00560-JMC Date Filed 02/28/14 Entry Number 1-1 Page 2 of 15

OMB Approval: 1205-0466 Expiration Date: 11/30/2011	e <sup>c</sup>	··· - · · · · · · · · · · · · · · · · ·	
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1:14-cv-00560-JMC Date Filed 02/28/14 Entry Number 1-1 Page 4 of 15

# **ATTACHMENT**

1:14-cv-00560-JMC Date Filed 02/28/14 Entry Number 1-1 Page 5 of 15

Business Entity Page 1 of 1



Ger

## ia Secretary of State Brian P, Kemp

Archives • Corporations • Elections • News Room • Professional Licensure • Securities • State Capitol

Seam

0. By Business Name

By Control No

By Officer

By Re istered Agent

Verify Certification

Click here to file online for:

I. New Limited Liability Company (LLC) to New Business Corporation

New Non-Profit Corporation
 ■
 Output
 Description
 Descr

0. New Professional Coreoration PC

Annual Re istration

• Annual Re is ration

Name Reservation

File Name Reservation

**Online** 

Online Orders

+Register for Online

<u>Orders</u>

■ Order Certificate of Existence

. Order Certified Documents

View Filed Documents

Date: 4/26/2012 (Annual Registration

History etc.)

**Business Name History** 

Name

Name Type

ALPINE FORESTRY, LLC Current Name

Limited Liability Company - Domestic - Information

Control No.: 08053731

Status: Admin. Dissolved

Entity Creation Date: 6/20/2008 Dissolve Date: 8/23/2011

Jurisdiction: GA

Principal Office Address: 137B COMMERCE AVE., 287

Lagrange GA 30241

Registered Agent

Agent Name: Agent Resigned
Office Address: No Address
Agent County: No County

Control No. 08053731

# TATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CEIKTIFICAIV, OF Administrative Dissolution/Revocation

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### ALPINE FORESTRY, LLC

was mailed a notice in accordance with Title 14 of the Official Code of Georgia Annotated and was involuntarily or administratively dissolved or its certificate of authority revoked by the Office of Secretary of State on 08/23/2011 for failure to file its annual registration.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is primafacie evidence of the existence or nonexistence of the facts stated herein.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on August 23, 2011



Brian P. Komp Secretary of State 1:14-cv-00560-JMC Date Filed 02/28/14 Entry Number 1-1 Page 7 of 15

# ATTACHMENT C

### REC. EIVED

#### Application for Temporary Employment Certificaticerj ETA Form 9142

U.S. Department of Labor



Please read an review the filing instructions carefully before completing the ETA Form 9142. A copy of the instructions can be found at <a href="https://nthining.ncbi.nlm.ncb

1. Indicate the type of visa classification su	pported by this application (W	rite classification s	symbol): *	H-2B
Temporary Need Information				
1. Job Title * Tree Planter (08370 SCA)				
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occupa	tion title *		
45-4011	Forest and Conservation	Workers		
4, Is this a full-time position?*		Period of Inte	nded Employr	nent
El Yes CI No	5. Begin Date * 10/01/2	012	6. End Date	06/15/2013
7. Worker positions needed/basis for the v		his application	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• /
80 Total Worker Positions	Being Requested for Cer	ification *		
70	- 13 11242 2000 101 001			
Basis for he visa classification supporte (indicate the total workers in each applicable		identified above )		
	J ,			
a. New employment *		d	. New concurrer	nt employment *
b. Continuation of previousl		e	. Change in em	ployer '
without change with the sa	ame employer			
c. Change in previously app	roved employment *	f.	Amended petit	ion *
8. Nature of Temporary Need: (Choose onl	·	0.1.1		
I Seasonal <b>()</b> Peakload  9. Statement of Temporary Need *	El One-Time Occurrence	Ci Intermitten	t or Other Tem	porary Need
Alpine Forestry is a reforestation company that purities of the reforestation work we do and the reforestation work we do and the reforestation work we do and the reforestation activities include performing manused lings using a dibble bar and/or planting too bugh terrain in various weather conditions in exist seedlings, trees and other vegetation. These of the refore create a higher demand for reforestation mid-June, this season it is mid-June. To meet these workers are temporary, yet full-time during the reforestation in the reforestation of the reforestation in the r	nis season and end in mid-June. We the region in which we hold contravial labor necessary to maintain and, as well as other related activities treme temperatures. Reforestation cycles are predictable and recurring on services during the period of Othis seasonal demand contracts, we	e do not employ duts; both of these fall develop woodland. The work is strent is done in direct on in nature. Our contober to mid-June.	uring July-August actors determine ds, including the auous and involve orrelation to the intracts with lando Depending on co	e-Septemberdue to the our date of need. hand planting of tree as walking long distances o growth and dormancy cycle owners and forest manager ontracts, we end in mid-Ma

ETA Form 9142	FOR DEPARTMENT OF L	ABOR USE ONLY	Page 1 of 6
Case Number:	Case Status:	Validity Period:	to

#### Application for Temporary Employment Certification ETA Form 9142 U.S. Department of Labor



#### C. Employer Information

Important Note: Enter the full name of the Individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that Identifies each employer by name. mailing address, and total worker Dositions needed, under the application.

1 Legal business name *		
. Alpine Forestry, LLC		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1" 137 B Commerce Ave		
4. Address 2 287		
5. City '	6. State	7. Postal Code
LaGrange	GA	30241
8. Country * USA	9. Province	
10. Telephone Number	11. Extension	
706-675-1611	N/A	
loyer Identification Number ( FEIN from IRS)	13. NAICS code (must be	e at least 4-digits) *
.,,	115310	
14 Number of non-family full-time equivalent employees 2	1 nnual gross revenue	16. Year established 2008
17. Type of employer application (choose only one box below) *		
El H-2A Labor Contractor or	III Association - Sole Employer El Assocation - Joint Employer fj:1 Association - Filing as Agent	(H-2A only)

#### D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section roust be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications tiled on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

Contact's last (family) name *	2. First (given) na	ame *	3. Middle name(s) "
Woods	Brandy		
4 Contact's job title " HRM			
5. Address 1*			
137 B Commerce Ave			
6, Address 2			
287			
7. City *		8. State *	1 9. Postal code *
LaGrange		GA	30241
10, Country * USA		11. Province	
12, Telephone number*	13. Extension	14. E-Mail address	
706-675-1611		alpineforestryllc@ho	tmail.com

ETA Form 9142	FOR DEPARTMENT OF LABOR	R USE ONLY		Page 2 of 6
Case Number:	Case Status:	Validity Period:	_ to	

# Everything blackened has been redacted under exemption #6

OMB Approval: 1205-0466 Expiration Date: 01/3112012

Case Number:

#### Application for Temporary Employment Certification ETA Form 9142 U.S. Department of Labor



I. Is/are the employer(s) represented by an attorney or agent in the filing of this application (includina associations actina as agent under the H-2A program)? If "Yes". complete Section E.*  2. Attorney or Agent's last (family) name §  3. First (given) name §  4. Middle name(s) §	
I. Is/are the employer(s) represented by an attorney or agent in the filing of this application (includina associations actina as aaent under the H-2A proaram)? If "Yes". complete Section E.*	
(includina associations actina as aaent under the H-2A proaram)? If "Yes". complete Section E,*	O No
2. Attorney of Agent's last (lamily) fiame g 3. First (given) fiame g 4. Priodic fiame(s) g	
Newton Nicole	
5. Address 1 § 1137 N. 3rd Street	
6, Address 2	
7. City § 8. State § 9. Postal code §	
Coeur d'Alene ID 83814	
10. Country § 11. Province	
12. Telephone number § 13. Extension 14. E-Mail address	
208_777_2654 nicole <u>laborci.com</u>	
15. Law firm/Business name § 16. Law firm/Business FEIN §	
Labor Consultants International	
17. State Bar number (only if attorney) §  18. State of highest court where attorney is in granding (only if attorney) §	boc
19. Name of the highest court where attorney is in good standing (only if attorney) §	
F. Job Offer Information a. Job Description	
1. Job Title *	
Tree Planter (08370 SCA)	
2. Number of hours of work per week  3. Hourly Work Schedule'  Bacie*: 35 Overtime 10  A M (home 800 P.M (home)' 4:00	1
Basic . So Westme. So Art. (n.mm	J
4. Does this position supervise the work of other employees?*  4a. If yes, number of employees	
El Yes E No worker will supervise (if applicable) §	
5. Job duties - A description of the duties to be performed MUST begin in this space. If necessary, add attachment to continue and complete description. "	
Job duties - A description of the duties to be performed MUST begin in this space. If necessary, add attachment to continue and complete description. "  Temporary Position	
5. Job duties - A description of the duties to be performed MUST begin in this space. If necessary, add attachment to continue and complete description. " Temporary Position Possible hours: 35-45 hours per week	
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5. Job duties - A description of the duties to be performed MUST begin in this space. If necessary, add attachment to continue and complete description. " Temporary Position Possible hours: 35-45 hours per week Tree Planting Only Multiple times all day: Dig holes, place seedling tree without J or U root, pack soil to secure seedling using he planting tool and other related forestry activities as per SOC/OES 45-4011 (onetonline.org ). Tools provided travel required all areas for full contract in AL-GA-TN-KY-MD-PA-NC-VA-LA-MS-SC-TX. Extensive walking using sper day also stooping, and bending while carrying a up to a 60 lb pack through rough terrain (non-trail)	. Extensiv ıp to 15-
5. Job duties - A description of the duties to be performed MUST begin in this space. If necessary, add attachment to continue and complete description. " Temporary Position Possible hours: 35-45 hours per week Tree Planting Only Multiple times all day: Dig holes, place seedling tree without J or U root, pack soil to secure seedling using he planting tool and other related forestry activities as per SOC/OES 45-4011 (onetonline.org ). Tools provided travel required all areas for full contract in AL-GA-TN-KY-MD-PA-NC-VA-LA-MS-SC-TX. Extensive walking to	. Extensiv ıp to 15-
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\_Case Status: \_\_\_\_\_\_ to \_\_\_\_ to \_\_\_\_

#### Application for Temporary Employment Certification ETA ,Form 9142 U.S. Department of Labor



#### • F. Job Offer Information (continued)

b. Minimum Job Requireme	ents:				
1. Education: minimum U.S. diplo	oma/degree required *				
EA None Cl High School/GED	1.7 Associate's 0 Bachelor	's • Master's 0 Doctor	rate (PhD) Cl Ot	her degree:	(JD, MD, etc.
la. If "Other degree" in question degree required §	•	1 b. Indicate the major(s) (May list more than one relate	and/or field(s) of s	study requir	
2. Does the employe require a s	econd U.S. diploma/degree?*			<b>II</b> Yes	El No
2a. If "Yes" in question 2, indicate §	e the second U.S. diploma/deg	gree and the major(s) and/o	or field(s) of study i	required	
3. Is training for the job opportu	nity required?*			III Yes	<b>N</b> No
3a. If "Yes" in question 3, specify months of training required §	the number of	3b. Indicate the field(s)/r (may list more than one relate	. ,		
4. Is employment experience req	uired? *			Cl Yes	E No
4a. If "Yes" in question 4, specify months of experience required §	the number of '	4b. Indicate the occupation	on required §		
N/A		N/A			
authority to work in U.S					
c. Place of Employment Info	ormation:				
1. Worksite address 1*					
2. Address 2	nden Bypassi <u>-</u> iighway_10)	(report to work)			
3. City"			4. County"		
Camden			Wilcox		
5. State/District/Territory" AL			6. Postal code* 36726		
7. Will work be performed in mul employment or a location(s) other	•		N Yes 0 No		
	7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to continue and complete a listing of all anticipated worksites. §				
AL: Bibb, Marshall, Jackson, C	Clarke, Monroe, Franklin, L	awrence, Choctaw, Cov	ington, Sumter,	Shelby, C	herokee.
GA: Troup, Burke, Wilcox, Tur					
Washington MS: Pontotoc, Ca				_	
Surry. PA: Huntingdon, Perry.					
TN: Franklin, Hickman, Perry, Wayne, Lawrence. TX: Galveston, Brazoria, Fort Bend. VA: Roanoke, Giles, Montgomery Prince William, Patrick, Carroll.					
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ETA Form 9142	FOR DEPARTMENT OF LA	ABOR USE ONLY		Paç	ge 4 of 6
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#### Application for Temporary Employment Certification ETA Form 9142 U.S. Department of Labor



G. Rate of Pa				
1. Basic Rate of Pay Offered *	la. Overtim	e Rate of Pay	(if applicable) §	
From: \$ 10.40 To (Optional): \$	From: \$	15.60	To (Optional	): \$
2 Per: (Choose only one) *				
	O Week El Bi-Weekly C] Mo		0 Piece Rate	!
2a, If Piece Rate is indicated in question 2, spec	ify the wage offer requirements	: §		
3. Additional Wage Information (e.g. multiple w If necessary, add attachment to continue and		rk or other sp	ecial procedures)	).
Variable weather conditions apply; hou	urs may fluctuate, possible	downtime	·.	
Recruitment Information				
Name of State Workforce Agency (SWA) services.	ving the area of intended employ	ment *		
Alabama Job Link				
2. SWA job order identification number *	2a. Start date of SWA job ord	er *	2b. End date	of SWA job order *
859477	07/17/2012		07/30/2012	
3. Is there a Sunday edition of a newspaper (or intended employment?*	f general circulation) in the area	of	El Yes	E No
Name of Newspaper/Publication (in	area of intended employment) *		Dates of Prin	t Advertisement '
4. Daily Mountain Eagle (Thursday)		From: 07/26/20	12	To: 07/26/2012
5. Daily Mountain Eagle (Sunday)		From: 07/29/20	12	To: 07/29/2012
6. Additional Recruitment Activities. Use the sp				
location(s) of recruitment, elid the date(s) on continue and complete description.*	which recruitment was conducti	ed. If necessa	iry, add attachm	ient to
Alpine Forestry, LLC has compli	ed with all State and	Federal D	Dept. of Lat	bor regulations
in regard to the H-2B positive re				
Job Link on 7/17/2012 and close	•	-	•	
Mountain Eagle (Thursday) on 7				•
7/29/2012. All sources of recrui		•	•	
time 3 has/have agreed to acce	,			
and a manner agreed to deep	P			

ETA Form 9142	FOR DEPARTMENT OF LAI	Page 5 of 6	
Case Number:	Case Status:	Validity Period:	to

#### Application for Temporary Employment Certification ETA Form 9142 U.S. Department of Labor



#### I. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer must attest that it will abide by certain terms, assurances and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. thought to attach Appendix A,2 or Appendix B,1 will be considered incomplete and not accepted for processing by the ETA application processing

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix A.2. §	O Yes O No A N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix 8.1. §	IA Yes Ell No fi N/A

#### J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent of this application.

1. Last (family) name §	2. First (given) name §	3. Middle initial §
4. Job Title §		
5. Firm/Business name §		
6. E-Mail address §		

#### K. U.S. Government Agency Use (ONLY)

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from	_ to	
Department of Labor, Office of Foreign Labor Certification	-	Determination Date (date signed)
Case number	-	Case Status

#### L. OMB Paperwork Reduction Act (1205-0455)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101 (a)(15)(H)(i1)). Public reporting burden for this collection of information is estimated to average 1 hour per response for H-2A and 2 hours 45 minutes for H-2O, Including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor " Room C4312 \*200 Constitution Ave., NW\* Washington, DC " 20210. Do NOT send the completed application to this address.

ETA Form 9142	FOR DEPARTMENT OF LABOR USE C	NLY	Page 6 of 6
Case Number:	Case Status:	Validity Period: to	

OMB Control Number: 1205-0466 Expiration Date: 01/3112012

#### Application for Temporary Employment Certification



#### ETA Form 9142 - APPENDIX B.1 U.S. Department of Labor

For Use in Filing Applications Under the F1-2B Non-Agricultural Program ONLY

#### A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142, and that (have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name     Newton	2. First (given) name Nicole	3. Middle Initial			
4. Firm/Business name					
Labor Consultants International					
5. E-Mail address nicole@laborci.com					
6. Signature		7. Date signed			
		09/24/2012			

#### B. Employer Declaration

By virtue of my signature below, (HEREBY CERTIFY the following conditions of employment:

- 1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- 2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- 6. The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws;
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Apolication for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that is offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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OMB Control Number: 1205-0466 Expiration Date: 0113112012

#### Application for Temporary Employment Certification



#### ETA Form 9142 - APPENDIX B.1 U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B workers is being sponsored by another subsequent employer, the employer will inform H-28 workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, Whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and OHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-28 workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
  - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has dispaced or intends to displace a similiarly employes U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the thire placement of the H-28 worker, the other employer provides written confirmation that is has not so displaced and does not intend to displace such U.S. workers; and
  - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142 to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. / understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001)

1. Last (family) name	2. First (given) name	3. Middle Initial	
Woods	Brandy		
4. Title			
HRM			
5. Signature Dandy	Dado	6. Date signed 09/24/2012	

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